24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Cooperative of American Physicians IE Committee	
	C C00492116
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Chris Jones Consulting	05 14 2016
Mailing Address 3245 Granite Creek PI	Amount
City State Zip Code	3117.78
Newcastle CA 95658	Transaction ID : E-373 Date of Disbursement or Obligation
Purpose of Expenditure Phone calls Category/ Type 004	05
Name of Federal Candidate Support Offic	e Sought: X House District: 08
Paul Cook Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disb 23492.72	ursement For: X Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	2
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disk	oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3117.78
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	3117.78
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Rebecca J Olson [Electronically Filed] Date	05 16 2016
Signature	